

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

46706495

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
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24						
25						
26						
27	1					
28		1				
29	1					
30		1				
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48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	2					
TOTAL CLAIMS	4					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						